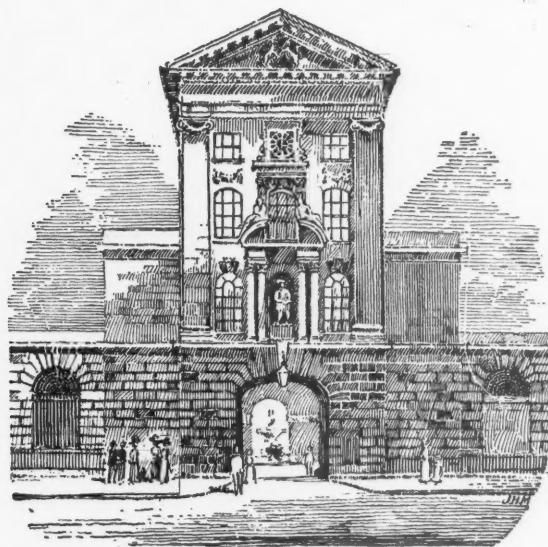


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# S<sup>T</sup>. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXII.—No. 1.

OCTOBER, 1924.

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."  
—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXXII.—No. 1.]

OCTOBER 1ST, 1924.

PRICE NINEPENCE.

### CALENDAR.

- Wed., Oct. 1.—**Winter Session commences.**  
Fri., " 3.—Dr. Morley Fletcher and Mr. Waring on duty.  
Sat., " 4.—Rugby Match v. Old Mihillians. Home.  
Hockey Match v. Guy's Hospital. Home.  
Mon., " 6.—Rugby Match v. Pontypool. Away.  
Tues., " 7.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.  
Fri., " 10.—Sir Thomas Horder and Mr. Rawling on duty.  
Sat., " 11.—Rugby Match v. Richmond. Home.  
Tues., " 14.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.  
Thurs., " 16.—**Abernethian Society: Inaugural Address by Mr. Girling Ball, F.R.C.S.**  
Fri., " 17.—Prof. Fraser and Prof. Gask on duty.  
Sat., " 18.—Rugby Match v. London Irish. Away.  
Hockey Match v. Beckenham 2nd XI. Home.  
Tues., " 21.—Dr. Morley Fletcher and Mr. Waring on duty.  
Thurs., " 23.—Rugby Match v. Cardiff. Away.  
**Last day for receiving matter for November issue of Journal.**  
Fri., " 24.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.  
Sat., " 25.—Rugby Match v. R.M.A. Home.  
Hockey Match v. Old Felsedians. Home.  
Tues., " 28.—Sir Thomas Horder and Mr. Rawling on duty.  
Wed., " 29.—Rugby Match v. Rugby. Away.

### EDITORIAL.

**W**HATEVER may have been the emotions of the authorities, humbler members of this Medical College have not, of recent years, been overkeen that freshmen in-boarders should arrive. They remembered midnight queues on the first of the month for the privilege of District clerkships, anxious inquiries into the trade of the top floor of the Pathological Block, lest their necessary number of examinations should not be forthcoming, sly darts to the Throat Department or Dentals, on the off-chance of securing a patient to anaesthetize. But those days are over. Without one

qualm we welcome every freshman to our midst. No one, we believe, will be more satisfied with a large increase in our numbers than those responsible for the finances of the Students' Union. An early opportunity will be given for freshmen to meet the Presidents and Secretaries of the numerous organisations which are under the control of the Students' Union.

\* \* \*

The West Wing of the Hospital has recovered from its vigorous overhaul, and chiefs and their followings have no longer to wander from block to block in search of their scattered patients. Slight structural alterations in Coborn and Radcliffe now allow of beds being pushed out to the lift and thus to the Square.

Much more extensive alterations are in progress in the College buildings. Enlargement of the cloak-room accommodation proceeds, and we look forward to the possession in the near future of a peg which is our exclusive and undisputed property.

Most extensive of all are the alterations proceeding around the Little Britain Gate. Many of us have used this Gate daily for years. Now husky British workmen throw bricks at us from an immense height if we essay to enter the Hospital by that route. We shall not allow our sleep to be disturbed by recollecting that the buildings on each side of the Gate are rapidly becoming disintegrated heaps of rubbish. But we are delighted to observe the chalk-marks on the sections of the Gate itself—the outward and visible signs of the inward and spiritual determination of the architect that, should the earth be removed from beneath it, the historic old Gate itself shall preserve its continuity in some fixed, if new, abode.

It has been difficult to obtain exact information about the history of this Gate. It represents the site of a gate that certainly existed in 1450. It is marked in the map dated 1617 in Sir Norman Moore's "History" with the note—"and so to the Hospital." It seems likely that the

present Gate was built to the plans of Mr. Gibbs about 1760, or earlier, for the South block of wards, the last to be built, was finished in 1758. Two arches connected it with the South and East blocks. The Gate then spanned the interval between what were until recently the Steward's house and the Matron's house, and a right-of-way ran through it across the Square (a pump then standing where the Fountain now plays) and out into Smithfield across what is now the Library floor. Somewhere about 1874 the Gate was moved eastwards to its present site. Its next move will probably be southwards, as it is suggested that it shall flank the permanent goods entrance to the Hospital. The pillars of the Gate bear war wounds. They were scarred by the explosion of a bomb in the Zeppelin raid on September 8th, 1915.

\* \* \*

Our mingled regrets and congratulations go out to Mr. Cross—regrets that he has retired from his position as Senior Administrator of Anaesthetics, and congratulations on his appointment to the newly created office of Consulting Anaesthetist to the Hospital. It is hard to imagine anyone whose relations with this Hospital have been so continuous and so intimate as those of William Foster Cross. He was born within our walls, being the son of William Henry Cross, Clerk to the Hospital. After qualifying he was appointed house-physician to Sir Lauder Brunton, then as Resident Anaesthetist, and later as Visiting Anaesthetist. His crowning honour speaks eloquently of the high esteem in which Mr. Cross is held by his colleagues. He is esteemed no less by the large number of students who have come under his tuition. We remember how eagerly we anticipated our week with Mr. Cross that we might get experience in the use of chloroform, which we knew to be so essential for general practice and yet so little used in this Hospital. Thousands of our readers will remember the shock they almost undoubtedly received at some time while working with Mr. Cross. He would appear suddenly to take an anxious interest in the patient and dart at the clerk the query, "Is the patient dead?" or "Has she stopped breathing?"

But few Bartholomew's men have worked with Mr. Cross for a longer period than one week. Only a striking personality could have made so deep an impression in such a brief space of time. We shall hope to see Mr. Cross often among the Olympians as we assemble, each in his appropriate circle, around the Fountain at half-past one.

\* \* \*

We congratulate Mr. Frankis T. Evans on his appointment as Visiting Anaesthetist.

We are delighted to hear that Dr. Gow is progressing favourably after his operation. We extend to him our sympathies and wish him a speedy recovery.

\* \* \*

The Hospitals participated in a Charity Contest at the Crystal Palace on September 6th, together with representatives from the Banks, Stock Exchange and Insurance Offices. A good afternoon's sport resulted in the Banks retaining the Challenge Shield (presented by the *Financial Times*); the Hospitals were second, three points behind the Banks. Among Bart.'s men who competed were J. D. Allen, who won the High Jump, R. D. Reid, who won the Weight, and J. P. Hosford, who was second in the Hurdles.

## OBITUARIES.

### MR. W. B. PATERSON.

MR. BROMFIELD PATERSON died very suddenly at Buncrana, Donegal, on September 2nd. He came to St. Bartholomew's from Merchant Taylors' School in 1879, qualified in 1882, studied dentistry at the Royal Dental Hospital, taking his L.D.S. a year later, and obtained his F.R.C.S. in 1886. He was for many years Senior Dental Surgeon at this Hospital, Lecturer at the Royal Dental Hospital, and Dental Adviser to the R.A.M.C. He was a most successful President of the British Dental Association and was intimately concerned with the International Dental Congress. At the Seventh Congress he was Vice-President, and President of the Committee of Organization. His wide reputation is exemplified by the fact that he was made an honorary member of the *École Dentaire de Paris*. His well-known "Report on the Teeth of School-Children" was published in the *Transactions of the Seventh Hygienic Conference*.

### SIR FREDERICK NEEDHAM.

WE regret to record the death of Sir Frederick Needham, which took place at Bournemouth on September 6th.

Sir Frederick was 88 years of age. After attending St. Peter's School, York, he came to St. Bartholomew's Hospital and qualified in 1858.

From 1858 till 1874 he was Medical Superintendent of York Lunatic Asylum, of the Barnwood Hospital for the Insane from 1874 till 1892. He was appointed Commissioner of His Majesty's Board of Control in 1892. Later he was elected President of the Medico-Psychological Association of Great Britain and Ireland.

His keen sense of justice, his broad outlook and deep knowledge of his subject made him greatly valued by his colleagues, and by his death psychological medicine loses a truly great man.

DR. WILLIAM NORMAN EVANS.

DR. EVANS died with tragic suddenness at his house in Hampstead on September 1st. He had been engaged in his professional duties only two hours before he died.

He came to St. Bartholomew's from Highgate School and qualified in 1887. He then entered the practice in Hampstead which for six successive generations had been in his family. He was the Medical Officer of the Cripples' Home at Hampstead, and Senior Medical Officer of the Hampstead Provident Dispensary.

Dame Joan Astley and afterwards Lady Bodley and Lady Winwood went with a maid, baskets on arm, to market in Cheapside and to buy victuals from the stalls in Bread Street, Milk Street and Honey Lane. Dr. Caius walked through it for twenty years to and from the Barber Surgeons' Hall in Monkwell Street, where he lectured on anatomy and superintended the dissections. A lonely man, unmarried and hardly ever at home, much of his time was spent with his printer, Richard Grafton, chronicler, Parliament man, Master at the Bluecoat School and barrister, who also lived within the Hospital.

Gale, Clowes and Woodall, those great surgeons of the Elizabethan age, used the little street, for their attendance was required almost daily at the Barber Surgeons' Hall, where they dealt faithfully with quacks and the disreputable members of their own profession. Little Harvey, ever restless, hurried along it frequently to the Counting House when he was drawing up those Ordinances for the use of the Hospital, to some of which the surgeons objected as unreasonable. There, too, by the Gate, Col. Pride is waiting for his horse to be brought round on that memorable day when he converted the Parliament into the Rump with the help of two regiments. Perhaps from his residence in the Hospital his action became known as "Pride's Purge." Later came through the Gate and along the street Pepys, and Charles Bernard and Norman Moore, all lovers of books, and each with some newly-found treasure from the booksellers in Little Britain or from the second-hand bookstalls. Percivall Pott limped along it when hardly yet recovered from his accident, and John Hunter, whistling and boisterous, fresh from damning the last new play. Abernethy came in more often by the Giltspur Street Gate, for he lived in Bedford Row, and chose to walk to his evening lecture even in the worst weather. Lawrence and Skey used the Little Britain Gate habitually, for both were lecturers and teachers at the rival school of medicine in Aldersgate Street. Latham, the great clinical teacher of medicine and a master of English undefiled, well knew the Gate. Paget, coming to the Warden's House, and Savory, walking home to Charterhouse Square, spent their happiest times whilst using the Little Britain Gate; both young men, happy in their domestic lives, poor as church mice, but each with a knowledge of his own strength and both with the world for their oyster.

The Gate has gone, but it has been reverently preserved. The old order changeth, giving place to the new, and the work of the Hospital continues, increases and improves. Only the veriest churl would grudge anything that brings health and happiness to those who live within its walls and serve it so well.

THE PASSING OF THE LITTLE BRITAIN GATE.

By Sir D'ARCY POWER, K.B.E.

**S**UCH changes have already been made in the Little Britain corner of the Hospital that it is no longer possible to pass through the Gate by the way which has been in daily use since the beginning. What memories that short road calls up, flanked as it was by the Matron's House on one side and the Steward's Lodgings on the other! How it is thronged with ghosts for those who can visualize our past history!

Before the Hospital existed the citizens with their wives and children walked along it on many a summer evening to sit on the banks of the clear and swift-running Fleet, or to watch the horse-racing and the games of ball in Smithfield. Once in two years the servants of the Florentine wool merchants and dyers carried their heavy bales of beautifully coloured cloth to stack them along the City Wall for all to admire and to buy. The Hospital rose on the site, and foremost amongst the ghostly crowd we see Rahere, tall and debonair, with a joke and a kindly word for everyone, and by his side his stedfast friend Alfone—now an old man with a staff—going to say a mass at the church he had built and dedicated to St. Giles in Cripplegate. The way was as familiar to both them as it is to us. Many generations of Canons and Sisters serving the Hospital passed through the Gate, and many generations of humble-minded citizens were carried along it to be buried in that graveyard for the poor which a pope had granted to the Hospital just behind the present Lawrence block.

Years passed and a tiny street grew up along which

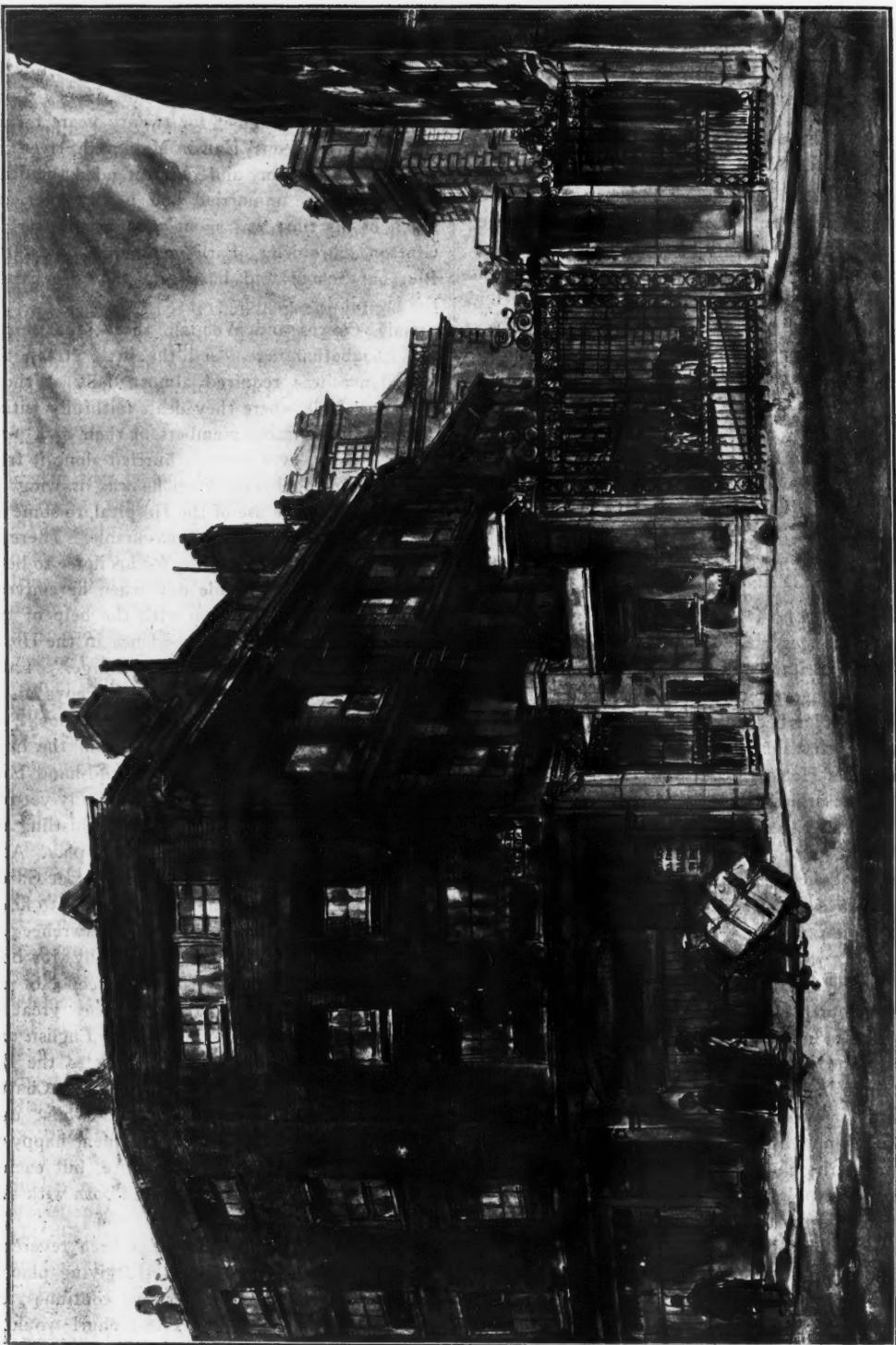
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THE LITTLE BRITAIN GATE.

*From the drawing by Hanslip Fletcher.*

## EXAMINATIONS FROM THE EXAMINER'S STANDPOINT.

EW people have a good word to say for examinations as tests of knowledge and capacity, but no one has yet been able to devise a satisfactory substitute. Even for the research degrees which are given by some universities, on presentation of a thesis which embodies the results of original work done, an oral examination upon the subject of the thesis is required.

So, for the present, examinations must be accepted as necessary evils, and, for my own part, I do not think that they are nearly so evil as they are painted. Undoubtedly some examinations are better than others, in so far as they give greater opportunity to the candidate to show his worth, and to the examiners to estimate it, and there is plenty of room for modifications of plan and arrangement, and for the taking into account the work done by the candidate during his period of training.

Examinations are more often discussed from the candidate's point of view, but obviously the examiner is more fitted to discuss them, for he has seen both sides, and has been a candidate himself. An examiner who had never passed an examination might be a rather terrible person. We all know that students criticize their examiners freely, and they are fully entitled to do so, but they must not forget that they themselves are open to criticism. It cannot be denied that there are good and bad examiners. It is not given to everyone to frame questions of which the import is easily grasped, nor to everyone to preserve that Olympian calm which befits a judge. But candidates may rest assured that the desire of their examiners is to find out what they know, and not to gauge the depth of their ignorance; to see them pass rather than to see them fail. Take it for all in all, I believe that more men pass who are hardly entitled to do so, than fail who are entitled to pass. This is especially the case in examinations in which the candidate is in the hands of the same examiners throughout, in which those who read the papers take also the oral and practical part of the examination. Before the end they acquire a very clear estimate of what the candidate knows, and of what he is capable.

Moreover the candidate has the safeguard that he is always in the hands of two examiners, and so the standard is maintained at an even level.

From the standpoint of the examiner, candidates fall into certain fairly well-defined classes, but presumably different examiners would differ in their classification. Those who cause least searching of heart are the very good and very bad, about whom there is no room for

doubt. The really good candidate is the examiner's joy. It is a real pleasure to receive clearly cut answers to questions—answers which show that the student has gone through his training with his eyes and ears open, has thought for himself, and has read judiciously; in a word that he knows, and is not merely acquainted with his subject.

The very bad belong to two sub-varieties, viz. those who, having scraped through earlier examinations, try over and over again, but fail to reach the standard. For such men their examiners have a very real sympathy, and an ultimate success is cordially welcomed. On the other hand it is a remarkable fact that at almost every "pass" examination men present themselves who are obviously not up to the mark, either because they have gone in with no realization of the standard required, and presumably against the advice of their teachers, or think that they may as well "have a shot." For such men a fall often proves the best of tonics, and when next they present themselves they may pass with ease.

The candidates who are "good in parts" form an interesting group. It sometimes happens that a man does well in a clinical, or even in an oral examination, although his papers are extremely poor, and this usually means that he has not read enough. He is in better case than the man full of book-knowledge, who can rehearse pages from the popular cram-book of the place and time, in the manner of a gramophone, but who may show complete ignorance of clinical methods.

The distrustful candidate is a trial to the examiner. He regards the simplest and most straightforward question as containing some subtle trap for his undoing. He will not tell what he knows, lest it should not be what he imagines is required. Anyone whom this cap fits should do his best to conquer the weakness.

Still more difficult to help is the panic-stricken candidate, whose endocrine glands are working in full blast, and whose sympathetic nervous system is on edge. He often knows his work quite well, but it is difficult to mark in terms of adrenalin and thyroxin.

Happily, a much rarer species is the patronizing candidate who tries to make allowances for his elders but does not successfully disguise the fact. He is by no means always a brilliant person; his peculiarities of manner are difficult to describe, and assume various forms, but he is well known to every examiner, who, in this case also, does his best to make allowances.

In conclusion a few maxims for candidates, relating to written, oral and clinical examinations respectively, may be of service.

First, as to papers. It has been said that it would be possible to mark papers according to their weight,

and there is a large element of truth in the saying. Short answers usually result from scanty knowledge, but the converse is less true, for irrelevant padding may cover much paper. An exhibition of corrected papers with examiners' marginal notes might be very profitable for prospective candidates; the line half across a page, and the marginal note—"Not asked"—the pencilled list of vital points omitted, the note of exclamation against a fatal dose. Never drag in things which you know, but which are not relevant: padding gains no marks.

Write legibly. Nothing predisposes an examiner less in your favour than to be obliged to struggle with pages of cuneiform inscriptions, or what appears to be such. He does his best, however, and I have only once seen the marginal comment—"This paper is wholly illegible"—and then it was fully justified.

In an oral examination, do not imagine that your examiner is trying to catch you out. Answer his question if you can, and if not, say so. In nine cases out of ten he will then turn to a fresh subject, in order to give you a new chance. Do not expect him to question you on his own hobbies; he will very rarely do so. If, as may well happen, you know more about a particular point than he does, it is just as well to keep the fact to yourself.

At a clinical examination it is method which counts. What your examiner wants from you is not a brilliant diagnosis, but a systematic approach of the case and common-sense deductions. A correct diagnosis may not be justifiable on the facts in your possession. If called upon to examine a cardiac or a nervous case, proceed according to the routine which you have been taught to follow, even though you are unable to get through it in the time. Be as careful what you say before the patient as you are in the wards: the poor fellow may hear five different diagnoses in a day. Remember that kindly speech and gentle handling are most important factors in the healing art.

ARCHIBALD E. GARROD.

## EVOLUTION AND THE FUTURE.

By W. LANGDON BROWN, M.A., M.D., F.R.C.P.



"**H**E law of progress is this—the race is not to the swift, nor to the strong, but to the wise." So said Gaskell. "Man has developed and become the greatest of the primates because of his faithful dependence upon development of the brain. The key to evolution lies in the continuous development

of the nervous system" is the conclusion of Elliott Smith. From the course of evolution in the past we may gather something of its probable demands in the future.

It is a biological axiom that life started as a single cell, and continues to do so. The Protozoa rose to be plasmodia, where all the cells did the same work, merely herding together for mutual support, and then evolved into Metazoa—multicellular organisms in which groups of cells did different work. In evolution there were two parallel processes—division of labour and co-ordination. The latter was achieved by the increasing control of the central nervous system. We ordinarily think of this as being peacefully accomplished. A struggle for supremacy between two animals or two species we recognize. But it would appear that a similar struggle accompanies the integration of the multicellular organism. Many apparently peaceful events in nature prove, on closer analysis, to involve a concealed struggle. The thesis of a hostile symbiosis between the tissues of the body has been skilfully upheld by Morley Roberts in his book, *Warfare in the Human Body*. A strong central government is needed to keep order, and no high degree of differentiation is possible in the animal body without the control of a centralized nervous system, which has gradually acquired an increasing predominance. Wilfrid Trotter has developed the argument of an hostility between nervous and somatic tissues, which is expressed in the way the former insulates itself. It is not too fanciful to compare the origin of the nervous system to a group of settlers on the coast who gradually invade the interior, first singly and then in an organized army, as in the nervous system of vertebrates, which arises as a tubular invagination from the surface. Once established, the invader assumes control over the indigenous inhabitants, fortifying itself as it goes, and maintaining its protectorate by a system of rapid communication throughout the invaded areas. The biological and sociological parallel is remarkably complete.

But, as Gaskell pointed out, comparatively early in evolution a conflict is seen between the development of the central nervous system and of the alimentary tract. In coelenterates the central nervous system formed a ring surrounding the mouth. When symmetry became bilateral instead of radial, the oesophagus was still surrounded by a ring of nervous tissue. The highest arthropods developed the central nervous system until it gripped the oesophagus so tightly that they could only continue to exist as blood-suckers, such as spiders and scorpions. Their progress was leading to a terrible dilemma—either the capacity for taking in food without sufficient intelligence to capture it, or intelligence

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sufficient to capture food and no power to consume it. Two methods of escape from this dilemma were found—one the development of the gregarious habit, the other the evolution of the vertebrates. The former method, in which each individual is absorbed into the community and is helpless apart from it, marks as distinct an advance in evolution as that from unicellular to multicellular organisms, and is fraught with even greater possibilities. For bees and ants this was comparatively easy, because of the very smallness of the brain of the individual and the limited number of reactions of which it is capable. Moreover the social habit in insects has imposed its demands not only on the work, but on the structure of the individual composing the herd. It has sterilized large numbers, rendering them neuter, and thus enormously simplifying the problem. Conflict and competition is greatly intensified in a community where each individual aims at seeing himself immortalized in his offspring. Still more is this the case when one such community comes up against another similar one.

The evolution of the vertebrate, whether it occurred according to Gaskell's definite views or according to the more hazy conceptions of orthodox morphologists, resulted in the nervous system and the alimentary tract being free to develop without interfering with one another, and the first-named by multiplying adjustor or association neurons became immensely more efficient. By the development of higher centres automatic actions were held in check, while more skilled voluntary movements became possible. And as the prefrontal region of the brain developed, it exercised control over both voluntary and automatic movements, restraining emotional expression, but increasing skill through increased intelligence. Man, having laboriously acquired the power of speech, had to learn the still more subtle art of silence.

But long before man appeared, another "fault" in evolution occurred. The first was the dilemma between nutrition and intelligence among the invertebrates; the second was in the development of the mesozoic reptiles, in which the central nervous system was too rudimentary to control so huge a frame. The complete disappearance of these enormous animals recalls how frequently the worship of the ideal of the colossal has heralded a downfall. It may be claimed that these gigantic reptiles were adapted to existing conditions, and vanished when those conditions changed. And yet there is something about them that inevitably suggests the 'prentice hand—just as there is about the first railway engine, the first motor-car, or the first "tank." Anyhow, mere bigness was then exploited to the full and found wanting. Now it is important to note that

on both these occasions a way of escape was found in gregariousness—the substitution of co-ordination between smaller individuals, firstly for increased complexity of brain, and secondly for mere increased size of body.

The course of evolution has been to increase, not the size of the cell or of the individual, but of the unit. The unicellular became the multicellular; isolated individuals became a community. For the mammal this was, as Trotter says, a much longer, more painful and more dangerous path than for the insect, because of its greater powers of varied reaction. This applies in an altogether special degree to man. According to H. G. Wells, the change from the Paleolithic huntsman to the agricultural Neolithic man marks the stage at which self-suppression had to begin. "Man then entered on the long, tortuous and difficult path for the common good with all its sacrifice of personal impulse, which he is still treading to-day." But I doubt if even Paleolithic man escaped the control of the herd.

The first law of the herd is "Thou shalt not." Just as the development of the higher nerve centres leads to inhibition of instinctive activities, so the development of communal life must restrict the freedom of the individual. Man has not found this easy. Philosophers may lament it, theologians may attribute it to original sin, but the biologist will remember that the cells of which he is composed did not find it easy to sink their individuality in that of the organism. A clever woman recently said to me of her son, whom I saw as a patient, "He hasn't fused his ancestors yet." It was profoundly true.

Yet evolution continues to demand that we shall fuse our ancestors, that we shall enlarge the unit. The family becomes the tribe, the tribe the small nation. The heptarchy becomes the monarchy, the nation an empire. And all the time the individuals within the unit are clamouring for self-expression, the smaller unit within the empire for self-determination. The nations become interdependent, the health and prosperity of one affecting the health and prosperity of all. Just as the revolt of the members against the belly became the defeat of all, war has now become a process in which all can lose but none gain. To win a war to-day is a greater disaster than it formerly was to lose one. Norman Angell pointed that out years ago, and concluded that it would make war impossible. But he fell into the error of assuming that man is a rational animal. To say so is like saying that England is a free country—it expresses a wish rather than a fact. Man is not a rational animal, though he may be in process of becoming so. But he *rationalizes*; that is to say, though reason is not the parent of his actions, he seeks reason for their god-

parent, preferring to ignore the savage ancestry of his unconscious mind.

Just as the nervous system must be developed to allow of sufficiently rapid co-ordination between the various organs of the individual, so means of rapid communication are essential to co-ordination of the complex civilization of to-day. Not so long ago the King truly remarked—"Civilization is communication." One of the many factors in the downfall of the Roman Empire was the inadequacy of the methods of communication for the size it had attained. So it suffered the fate of the mesozoic reptile. This difficulty does not obtain to-day. Means of communication could be excellent; so the forces that would oppose evolution offer artificial barriers to communication—passports, visas, Ellis Island and the like.

Hughlings Jackson, in his important generalization of the levels of the nervous system, showed that the later and higher levels suffered first in the disintegrative processes of disease. These higher levels have not such a firm hold on the instincts of the organism as the lower. Respiration has a greater survival value than dialectic. In the same way the enlarging unit evolves its higher levels later than the individuals composing it. A committee is always more ready to perpetrate an injustice than its individual members would be. The laws of a nation may be fixed, but its ideas of international law are varied to suit its convenience. A contract between individuals may be indefeasible; a treaty between nations is not. The contract may be enforced by superior authority; the observance of a treaty, up to the present, has depended on force of arms. Yet this is no more logical than the settlement of a private quarrel by a duel. That it should be wrong for the individual to kill but right for the State to do so can only represent a transitional stage in evolution. But in national affairs the human mind is still obsessed by the fallacy of force, though it has realized that in private affairs justice does not necessarily lie with the better shot.

If we cannot adapt ourselves to the demands of evolution, the issue is not in doubt. This civilization will go, as others have gone. Flinders Petrie in his fascinating little book on *The Revolutions of Civilization* supports the view that we are now in the eighth cycle of civilization. In each, sculpture, architecture, literature, mechanics and wealth have gradually grown to a maximum, and have then as inevitably waned. He says—"Hitherto the comparatively brief outlook of western history has given us only the great age of classical civilization before modern times. We have been in the position of a child that remembers only a single summer before that which he enjoys. To such an one the cold,

dark miserable winter that has intervened seems a needless and inexplicable interruption of a happier order—of a summer which should never cease." He goes on to express the view that the real progress has been that the summers of civilization are getting longer and the winters shorter. In this respect he is more optimistic than Anatole France in *Penguin Island*, where the closing sentence of the chapter entitled "Future Times" is a mere repetition of the opening sentence. The circle is completed and begins again. But Anatole France is a man of moods, and in *The Garden of Epicurus* envisages the future more in terms of Rodin's vast dreams in marble. It is an interesting point that in his book, which was published in 1911, Petrie brought forward facts which suggested to him the climax of the present era of civilization might shortly be reached. He goes on to say—"The rise of a new civilization is conditioned by an immigration of a different people—that is to say, it arises from a mixture of two different stocks. That effect of mixture cannot take place all at once. There are barriers of antipathy, barriers of creed, barriers of social standing, but every barrier of race-fusion gives way in time when two races are in contact." In other words the unit had to enlarge to give birth to a renewed civilization.

Whether we can adapt ourselves remains to be seen. The complete agnosticism of the biologist as to the inheritance of acquired characters may prove not to be justified, but we must admit that at present he has the best of the argument. Though this limits our hopes of progress in the individual, the psychology of the group mind is still in its infancy. The spirit of the hive transcends the mind of the individual bee.

If Joan of Arc was the first Nationalist, as Bernard Shaw maintains, we are the less beholden to her saintship. For the lines of cleavage between the nations now run strong and deep, and the war has greatly intensified them. It is not necessary for these to run deeper to prove fatal to civilization; it is sufficient that they remain as they are. For they bar the next step necessary in evolution, and if they cannot be overcome, back we must go into the melting-pot as former civilizations have done. It is no more logical to blame the present epoch for its savage and infantile psychology, than it would be to blame the huge Mesozoic reptile for its tiny brain. But the fallacy of force is now as obvious as the futility of mere bigness. Can we take the next step necessary to escape from the dilemma that evolution has reached? Only the younger generation can answer that question.

## THE USE AND ABUSE OF MEDICAL BOOKS.

**B**ENEATH the standard of medical literature is mustered an army whose numbers are as the sands of the sea. Many of these live their reasonable span, most perish in a week, and a very few are, so to speak, immortal.

Their uses are various. Some are written solely to act as allies against examiners—natural results of the defects inherent in the examination system. Some are storehouses of observed and proved facts: these are the books of reference. Some are written to give the writer's point of view upon certain diseases or groups of diseases: these are often illuminating and stimulating. Some, sad to relate, are laborious attempts at respectably legalized advertisement.

According to the reader's position in the medical world, so will his attitude towards medical literature vary.

Before leaving the "rooms" and the physiology laboratory a taste for partially understood articles in the *Lancet* will have become developed. At this stage the personal factor, that of clear expression, lively imagination and vivid illustration is that which in books and teachers alike is most appreciated. The new subject is wonderful in its novelty and seems to require the golden pen of a de Quincey. This vividness and brilliance is not always a vehicle of what is fundamentally sound, and one turns later in vain and with regret to a book whose transient message is finished. The monumental text-book appals with its fearfully exact mass of erudition. It is a mistake to begin at aphous stomatitis a gargantuan meal that will end with perforating ulcers and mental dyspepsia. Text-books are not to be read through; they may be consulted.

Nevertheless it is at this period of transition between the "rooms" and the wards that the text-books must be acquired, for with the starting of medical work will arise the necessity for reference. There is little difference between the standard works of Osler, Taylor, Price; choice must be guided by individual taste. They may be sampled by the aid of a circulating library, subscription to which is a wise step.

There was once a physician whose advice to men beginning clerking was: "The first thing you have got to do is to forget all your physiology"; if for "forget" one inserts "remember," the dictum applies more truly to modern needs. A more recent member of the Staff used to say: "If you were given the chance of doing medical clerking with the help of a text-book either of

physiology or of medicine you would be wise to choose the former."

The text-book of physiology, therefore, must not be sacrificed upon the altar of Charing Cross Road. It should be consulted frequently and even re-read. Medicine is, to a considerable degree, applied physiology. Besides these two, other books of reference are needed—one on pathology, one on practical bacteriology. Gee's *Auscultation and Percussion* can with advantage be re-read many times, but second-hand copies are scarce and often require a prolonged search.

The mere acquisition of books such as those is not enough; their most efficient use requires a certain amount of care. The object of all medical practice, whether as clerk, house-physician or visiting physician, is education. This can only be acquired as a result of personal experience. The evidence of one's own eyes, ears, hands is worth many pages of scholarship. The value of that evidence can be accentuated and its permanence established by the wise use of books.

A new clerk is given a case. He takes what history he can, inquiring into the outstanding symptoms. After his questions and examination are finished he writes down as complete an account as possible. Eventually he makes or hears the correct diagnosis.

Then and not till then should he return home and open his books. Should the disease have interfered with normal function his physiological knowledge may explain the manner of this; at any rate memory can be refreshed at the fount of "Starling." Reference to the text-book of medicine will show what signs and symptoms *he has omitted to find*. On returning to the patient on the following day a new examination may reveal the presence of these physical signs, or, indeed, their continued absence.

By attempting to discover at first all he can for himself, his clinical powers will receive the greater stimulus. Reference to the answer at the end of the book is the worst way of attacking any problem. If during the course of three months' clerkship a dozen cases are dealt with in this manner as texts for reading, they will produce mental pictures vivid enough to form the outline of all medical knowledge that follows. Upon and about them will gradually be grouped a continually growing series of impressions.

Should there be energy, and time enough, besides this analysis of one's cases upon the lines of physiology, clinical medicine, pathology and bacteriology, other books can be read with the object of receiving if possible the personal knowledge and experience of others. Such books as Lewis's *Clinical Disorders of the Heart-beat* and Adami's monograph on *Inflammation*, by their clarity of expression and their exposition of the individual

manners of thought of their authors, are intensely stimulating. John Thompson's book on the *Common Diseases of Children* has also that fascinating and personal character.

It follows from this that the notes of one's own medical cases, of lectures or of medical demonstrations attended by oneself, will be full of vivid visual and auditory memories. This quality is necessarily lacking in the best text-books available, though references to books about some particular case may endow them to a minor extent with such impressions.

Books are dead, memories are living; wise reading may, by suggestion, add flesh to the naked bones.

There is a third class of medical book. It is the type expressly designed to enable examinations to be passed with the minimum amount of strain to the intellect. The examinee will, however, not escape without some risk of damage to his more parrot-like centres.

The truth of the matter perhaps lies thus: Buy good text-books; consult them about specific cases. Make personal and complete notes of cases and lectures; keep and treasure these; they may destroy the handwriting—sometimes an advantage in a doctor—but the value to their writer increases continually with years. One volume of personal experience is worth a library of collected facts.

GEOFFREY BOURNE.

### ON READING SURGERY.

**W**HEN asked the question, "What should be read in order to learn Surgery?" one's first inclination is to reply that surgery cannot be learnt from books and that the matter is therefore of secondary importance. Further consideration however must modify this opinion, for although it is the experience of the majority that the facts which are really learnt and which remain in the mind, to be of use to a man in the exercise of his work, are those which are acquired by the examination and study of cases, yet there is no doubt that reading does play an important part in the study of surgery.

The student promoted from dissecting-rooms and physiology department to the wards too often feels that he has left a great deal of drudgery well behind him, and that he is now about to enter upon a new field, the interests of which are more vital—alive enough, in fact, to wipe out even the rather deathly memories of the Second M.B. He will be wise to keep a text-book of practical anatomy and Bainbridge's *Physiology* at his elbow, and to apply the information contained in them to the problems of his new work.

A knowledge of anatomy and physiology will lead to

an understanding of a great deal of surgery, but will not explain all processes of disease. Pathology is, therefore, the next essential, and Bowlby and Andrewes's *Surgical Pathology* and the Museum catalogue will supply a sound groundwork.

None can doubt that it is experience that leads to wisdom, and a student can begin to obtain this experience from the examination of cases, and from watching their progress in the out-patient departments and wards. He would be well advised to make a brief note of any disease which he meets for the first time, and to read the account of it in a text-book of surgery. It is hopeless to attempt to learn surgery by reading a book through from cover to cover—nothing "sticks," and there is a risk of losing facts in a mass of confused ideas. But by using a text-book to amplify the teaching given at the bedside ideas may be clarified and even turned into learning.

The choice of a book is largely a personal matter. It is only natural to mention first the Bart.'s *Surgery*, a book which is easy to read, and which contains sections that are unsurpassed in any text-book of general surgery. "Rose and Carless" is rather like King's *Regulations*—a book which is not easy reading, but which leaves very little out and is therefore of extreme value as a work of reference. It would be impossible to give helpful advice with regard to the many other surgical text-books, but those by Thomson and Miles, Warren, and Russell Howard must be mentioned as the most popular.

Perhaps I might be permitted to blend personal experience with a summary of the foregoing remarks, and advise a student commencing the study of surgery to use Cunningham's *Practical Anatomy*, Mr. Rawling's *Surface Markings*, Bainbridge's *Physiology*, Bowlby and Andrewes's *Pathology* and the Bart.'s *Surgery*. The last word however must be that he will learn the science and art of surgery more from his patients than from reading; and careful examination of cases, close observation of their behaviour under treatment and practice in the use of his fingers will teach him more than many books.

J. PATERSON ROSS.

### ADVICE TO THOSE COMMENCING THE STUDY OF PHYSIOLOGY.

**Y**OU have, presumably, just passed an examination in chemistry, physics and biology, and are now about to embark on studies which bear a closer relation to medicine and which form a proper starting-point for the subjects of your final examinations. But do not suppose that the subjects of your first medical can now be put aside and be speedily

forgotten ; it is of the utmost importance to grasp the fundamental continuity between the various subjects which beset the path of your progress. Physiology utilizes physics, chemistry and biology very extensively and in fact interprets its phenomena in terms of those fundamental sciences ; in a similar way the science of medicine derives its nourishment from the roots which it has in physiological knowledge—it allows of no other interpretation. I am assured that there is not only a science, but also an art of medicine, having no connection with scientific subjects of any kind. This I think is a mere confusion of words, for science is, or should be, nothing more than applied commonsense. There is no effect without cause, and in seeking to treat that effect known as disease, we are more likely to succeed if we look for the cause than if we are merely content to look at the effect. And the cause is likely to elude us if we seek to find it elsewhere than in a derangement of normal physiological functions.

If the science of medicine is not in a satisfactory position that is chiefly because of the backwardness of physiological knowledge ; if physiology is at present undeveloped that is due perhaps to the stupidity of physiologists, but chiefly to the fact that it is a subject of great complexity. The physiologist explains the working of the body in terms of physics and chemistry and biology, because there are no other terms in which he can attempt a rational explanation of the phenomena he witnesses ; unless indeed the attempt were to be made to establish physiology as a science *sui generis*. In that case the scheme of our natural philosophy would probably have to be inverted, and we should have to provide, from our fundamental postulates, explanations of physics and chemistry in terms of physiology, or even psychology. In explaining natural phenomena, we must start somewhere, so we start, in the ordinarily accepted scheme, with certain mathematical axioms and postulates, familiar to all. If we start arguing about these things, we are likely to go on moving in circles for ever—we *must accept* them as a starting-point. From these we get the principles of physics, then chemistry, then, with certain new conceptions, biology and physiology. Scientific truth, then, can never be more than relative to the starting-point. Do not let the new views on relativity worry you, or make you think that science is built on moving sands. It isn't ; it is built on a moving rock, and with each advance of knowledge the whole edifice is not shattered, but moves along.

Now physiology presents difficulties and complexities to the newcomer, for the simple reason that the various organs of the body are not in the habit of performing solos for the benefit of physiologists, but are rather like performers in an exquisitely complex orchestra, which

has a great piece to perform in the best way it can. If we knew how the orchestra was composed, why it existed, and what was the conductor's motive, life would hold but few secrets for us.

In all probability these are things we shall never know ; certainly at present we have no inkling of them whatever, but must accept life as a fundamental phenomenon, much in the same spirit as the chemist accepts matter, or the physicist force. But we have learned something by isolating the performers in our orchestra, and observing what sort of solos these disgruntled artists play. Here and there faint themes can even be recognized in the orchestral piece. And grave dis harmonies happen at times ; as often as not we can only suspect the performer responsible for them, but cannot exactly locate, still less cure him.

You cannot expect, therefore, to get much of a grasp of physiology until you have studied the subject for some time ; my advice to students commencing is to follow the practical work as closely as they can, attend the lectures, and, if possible, take notes, but to attempt no text-book reading for the first three months. By that time, especially if you suffer from insomnia, the lectures should have given sufficient insight into the subject to enable reading to be commenced. And *thereafter* steady reading and *re-reading* should be the rule until you have passed your second medical examination. Considerable attention should be paid to the spelling of technical words : such spelling as "enemia," "hemorage," etc., creates a bad impression. And if you pay close attention to the lectures, you will sooner or later find out how to pronounce such words as "systole" and "diastole," which if wrongly pronounced in a *vivâ voce* examination also do not prejudice an examiner in your favour. I think it was Voltaire who said—"Si vous ne pensez pas, créez de nouveaux mots" ; but do not attempt this under the stress of an examination ; leave it till you are qualified, and write original papers, when nothing but good will accrue from it, so far as you are concerned.

C. LOVATT EVANS.

## THE LEARNING OF ANATOMY.



ADDRESSES and articles on the teaching of anatomy have been poured out in almost unlimited profusion, and most of them reiterate conclusions which, though self-evident, need to be constantly impressed on those in any way associated with the subject.

Here we are concerned with the student's point of view.

No indignant protests, I suppose, are likely to arise if the statement is made that anatomy is commonly

regarded by those concerned as the subject most difficult of assimilation in the medical curriculum. And this because it involves the learning of so many facts which are bound together by no clear associational links.

All sciences are based upon a series of data, acquired in the first place by observation and experimentation, and morphology is no exception to this rule. The medical student has little enough time, however, to reach the study of this science of morphology. He must therefore confine his attention to the bare facts of human anatomy as completely as may be necessary for his subsequent study of disorders of that anatomy and its functions, and their correction. He must acquaint himself with the geography of the human body so thoroughly that, no matter in what part of the body he may find himself, so to speak, he may be able, without undue thought, to grasp his relations to surrounding parts and establish a correct orientation.

The student should realize to what a great extent his success in diagnosis and treatment will rest on anatomical knowledge, and it is perhaps difficult for one who has not yet reached the wards to realize this fully. A successful physician should have the power of penetration, applicable to the patient's body as well as his mind. He should be able to see through his patient physically as well as mentally. He should, in fact, be capable of making a mental X-ray of his patient so far as the latter's anatomy is normal. And it is difficult to over-estimate the enormous degree of self-confidence which such a faculty can give—a self-confidence which will reflect itself in all the professional activities of the physician or surgeon.

It must be emphasized that the whole of the anatomical teaching in the medical school is destined to be of more or less direct importance to the future practitioner. And let there be no misapprehension of the term "clinical anatomy." Clinical anatomy is merely a review of anatomical knowledge already acquired in the light of clinical experience gained subsequently. It is clear that the full clinical or surgical application of anatomy cannot possibly be understood until the student has reached the wards. There can be no question, however, of a distinction to be drawn between "clinical" anatomy and the anatomy taught in the dissecting-room. Such an idea is a relic of olden times, when, before the modern development of medical science and surgical technique, large tracts of human anatomy apparently seemed useless for the practitioner. To-day, when such minute details as the grey rami communicantes may call for surgical attention, he would be a rash person who could say what elements in the teaching of anatomy are superfluous.

Let the student realize, then, that the acquisition of

clinical knowledge and astuteness is vastly facilitated by anatomical knowledge, and that anatomy is to form a fundamental part of his equipment as a practitioner, and it will be apparent to him that the examination at the end of the third year is but a minor incident in his journey towards qualification.

Anatomy can, theoretically be learnt in two ways: The student can start with the framework of the body—the bony skeleton—and can study how the soft structures are built up round it. Or he can begin with the surface of the body, and examine layer by layer what lies beneath. The latter method has the advantage of starting with the known and working towards the unknown, and is the method adopted in practical anatomy. As a matter of convenience and expedition, it has been found best to combine the two methods. A study of osteology is hardly intelligible without a knowledge of the soft parts—muscles, joints, vessels and the like—and a dissection cannot be intelligently followed without a preliminary acquaintance with its skeleton. Wherefore, a student commencing anatomy, who is given his first part to dissect, does well to undergo the arduous task of learning up—even in a parrot-like fashion at first—the bones of that part, their shape, processes, muscle attachments, and so forth.

For osteology, one of the standard text-books of anatomy is necessary; for the dissection, a dissecting manual. Regarding the former, there is little remark to be made. There are several standard text-books of human anatomy which equally serve their purpose for the medical student. Such a text-book will give an adequate account of osteology, will provide an outline of embryology sufficient for the needs of most students, may be used for amplifying the descriptions gained in the dissecting-room, and serves as a ready reference in the future, when the student leaves the anatomy department. The question of a dissecting manual requires a little consideration. The aim of such a manual is to direct the student in the methods of exposing and recognizing the structures of the body, which have proved by experience to be most convenient and satisfactory, and also to give the student a correct perspective by laying stress on details in proportion to their practical importance. There are some practical anatomy books which are so detailed and elaborate, both in the descriptive part and in the illustrations, that they resemble a large text-book which has been divided up into small volumes, with the addition of a few dissecting notes interspersed here and there. These text-books are to be avoided, partly because they are amplified too much and exceed their duties (which should consist merely of guiding and directing), and partly because their illustrations tend to distract attention from the actual

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dissected part, in which alone anatomy can be truly learnt. It is often thought that the learning of anatomy requires especially the power of visual memorization. Were this only the case, anatomy might well be learnt from illustrations and bottled specimens. But for the successful surgeon, anatomy must be learnt, not only by a process of visual memory, but with the aid of what has been termed kinæsthetic memory. And in this lies the value of studying anatomy by the actual dissection of an adult body: thereby the student acquires, almost unconsciously, ideas of spacial relations of structures, of their depth, their consistence, their texture, their resistances, and so forth. It will be objected that some of these properties in the preserved body are not the same as in the living body. This is certainly the case, but since anatomy cannot be studied in the living body (except from the surface), the next best method must be chosen. A correct idea, however, of the appearance and "feel" of various tissues and organs as they are in their natural state can be more accurately gained by a visit to the post-mortem room, and students are urged to do this occasionally for the reason above mentioned, and also for the study of certain structures (such as the peritoneum), which can far more easily be understood by reference to the fresh body.

A post-mortem room easy of access from the anatomical department is much to be desired.

The student should realize that a sound knowledge of ordinary topographical anatomy with no intricacies or subtleties, and the simplest elements of embryology, will be sufficient to get him through any anatomy examination in the medical curriculum, and that such knowledge can be most readily and easily attained by steady work with scalpel and forceps during each session of his term in the anatomical department. If he wishes to excel—not only in anatomy, but in any other subject pertaining to the practice of medicine and surgery—there are plenty of books and methods by which he can acquire a deeper and more comprehensive knowledge of morphology and embryology. But this is for the student who aspires to rise out of the common herd.

W. E. LE GROS CLARK.

### CHEMISTRY.

**E**VERY science in the course of its growth reaches a stage at which it is necessary, if the science is to continue to grow, for it to borrow: it must borrow results and methods from other sciences. Those great and important sciences, medicine and surgery, which you have undertaken to study for the next five or six years in order that you may make the successful practice of them the chief business of many succeeding

years, are no exception to the general rule; both have had to borrow, and borrow extensively, results and methods from other sciences—from physics, biology, chemistry, physiology, anatomy and bacteriology. It is for this reason that you are required to learn something about each of the sciences in this formidable list. These few words have to deal with your study of chemistry. Like all the others in your list, it has become a great and unwieldly science, so that it is important you should study it in such a way that, in the first place, what you learn of it will be of use to you in those sciences you have to study along with and subsequent to your study of chemistry, and in the second place, that your methods of study shall be effective for this subject, and as far as possible similar to those you will have to use in your later subjects. Your syllabuses are drawn up on the lines of the first of these two points, and in the lectures what you have to learn will be set forth as clearly as it can be—only remember that no one can learn it for you; you must learn it yourself. In doing this always try to find the general in the particular—this is practising economy in learning. Many methods that appear to a beginner to be particular cases for the preparation of a particular substance are general methods. Take notes of the lectures and read them—the matter of your notes should contain the answers to the questions you will be asked in your examination. Attend to the lecture experiments; they are done to instruct and not to amuse you. In the laboratory practise the art of making correct observations, and what is equally important, the art of recording them neatly and accurately. Montaigne says: "Amongst so many millions of men you shall scarce meet with three or four that will duly observe and carefully keepe a register of their experiments." Matters are not quite as bad as that nowadays, but the man who can observe and record accurately is still an exceptional man. You can be that exceptional man, but only by diligent practice. A correct observation may often be interpreted in more than one way, as for instance when you observe that a newspaper devotes a great deal of space to explaining the exceptional brightness of Mars. This you might explain either by an intense desire on the part of the newspaper to instruct you in astronomy, or by the fact that at the time when Mars was in opposition and perihelion the Law Courts were in aphelion. You will find many opportunities for the exercise of your judgment in the course of instruction mapped out for you in the practical chemistry class; in that course you may—and I hope you will—practise most of the chief virtues. And remember that if you meet with a difficulty in your study, your teachers are ready and most anxious to help you to overcome it.

W. HURTLEY.

## THE FALL.

**G**NCE on a time," the tramp began—  
(A sorry sight was he),—  
“ I was a handsome clergyman  
In High Society.

“ There stands a church in Belgrave Square  
Where I was once the Pastor;  
I was the pampered idol there  
Until I met disaster.

“ In church my fervid homilies  
Filled all the empty seatings;  
They lionized me at their teas,  
At homes and sewing-meetings.

“ But now my dear parishioners  
Maintain that I, their Vicar,  
The staunchest of teetotalers,  
A victim am to liquor.

“ And when amongst my fickle flock,  
I feel an interloper;  
They say drink's been my stumbling-block—  
Declare that I'm a toper.

“ In point of fact, I've ceased to be  
An active social climber  
Since I, through drinking too much tea,  
Contracted rhinophyma.”

A. B.

## STUDENTS' UNION.

## RUGBY FOOTBALL CLUB.

We have suffered a severe loss in the retirement of our former President, Dr. Drysdale. We thank him most earnestly for the great interest he has shown in Hospital Rugger, and for the innumerable services he has rendered it. We shall miss him greatly, but hope to see him at some of the matches.

Mr. Girling Ball has been elected President in his stead; we welcome him heartily.

It is with great regret that we have just accepted the resignation from the captaincy of George Parker, who finds it impossible to carry on this season the work he has so ably carried out for the past two years. He has done great work for us in building up the team as well as by his efforts as a fine forward.

We have lost several prominent members of last season's team: from the forwards Parker, Carnegie-Brown and Beith; from the backs Melbourne Thomas and in all probability Gaisford.

May we offer our congratulations to Thomas on his recent appointment to a post in South Wales; he has done valiant work for the Hospital Rugger for the past six years.

In spite of these important losses, however, our prospects for the coming season are distinctly encouraging. We have a very strong list of fixtures, and should benefit greatly by such opposition. Amongst our new and very welcome fixtures are Swansea, R.N.C. Greenwich, Blackheath, Old Alleynians, and Bradford.

For the next few weeks we shall be busy filling up the gaps and reorganizing the team. In this respect individual players can help considerably by getting thoroughly fit and by practising accurate handling and kicking, so that our team practices may not be delayed by elementary faults.

The "A" "B" and "C" fifteens have all long fixture-lists, and with steady team practice should do very well, for there is plenty of enthusiasm and individual merit.

Our first Hospital Cup-tie is against Guy's on February 5th. The following are the officers for the season:

*President* : Mr. W. GIRLING BALL.

*Vice-Presidents* : Mr. REGINALD M. VICK, Dr. J. BARRIS, Mr.

J. H. JUST, Mr. H. E. G. BOYLE.

*Captain* : A. W. L. ROW.

*Vice-Captain* : P. O. DAVIES.

*Hon. Secretary* : R. H. BETTINGTON.

*Hon. Treasurer* : J. L. T. DAVIES.

*Captain, 2nd XV* : J. D. ALLEN.

*Hon. Secretary, 2nd XV* : G. P. ROXBURGH.

*Hon. Secretary, 3rd XV* : F. G. SCOVELL.

*Selection Committee* : W. F. GAISFORD and another to be appointed.

## ASSOCIATION FOOTBALL CLUB.

THE Soccer Club opens this season with its first match against Old Brentwood's on October 4th. Fixture-lists have been arranged for three elevens throughout the season, and it is hoped that the teams will be as representative of the Hospital as they were last year, when we won the Junior Hospital Cup and reached the final round of the Senior Cup.

Freshmen who would like to play are invited to add their names to the list of players posted in the Abernethian Room, or make themselves known to one of the playing members.

## Officers for Season 1924-25.

*President* : Sir CHARLES GORDON-WATSON.

*Vice-Presidents* : Mr. FOSTER-MOORE, Dr. GOW.

*Captain, 1st XI* : H. L. OLDERSHAW.

*Vice-Captain, 1st XI* : C. WROTH.

*Hon. Sec., 1st XI* : L. B. WARD.

*Captain, 2nd XI* : E. S. EVANS.

*Sec., 2nd XI* : W. A. MAILER.

*Captain and Secretary, 3rd XI* : S. JENKINSON.

*Committee Men* : G. G. HOLMES, J. HUNTLEY, A. E. ROSS.

## HOCKEY CLUB.

RESULTING from the successes of last season an improved fixture list has been arranged for this year. It is hoped that the Club will enjoy an even better season.

Although the 1st XI were defeated early in the Inter-Hospital Cup, the 2nd XI reached the final in their section last year. J. E. Church has been elected captain and J. H. Atwood secretary, whilst J. G. Milner has been elected captain of the United Hospitals Hockey Club for the coming season.

Although the Club is fortunate in having many of last year's players available, it is hoping to find many recruits from the freshmen.

All those wishing to play hockey this season are requested to add their names to the list on the notice-board as soon as possible.

## HARE AND HOUNDS.

Hare and Hounds Club members, and any freshmen who may care to join, are reminded that the opening run of the season is on Wednesday, October 1st, at 3.30 p.m., from the "Crown Hotel," Chislehurst, over a five-mile course. New members will be welcome, whether or no they have previously run for other clubs.

The Annual Dinner and Annual General Meeting of the United Hospitals Sailing Club will be held at the "Chanticler" Restaurant on October 29th, at 6.30 p.m. Members of the Hospital Sailing Club intending to be present should give in their names to Mr. R. G. R. West by October 10th.

## CORRESPONDENCE.

## UNIVERSITY OF LONDON UNION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—I am afraid I cannot agree with the statements made by Mr. H. G. Anderson in your last issue with regard to the attitude of our Students' Union towards the University Union. I am able to supply the following facts, about which there can be no possible quibble: (1) On April 16th of this year a Committee was formed to investigate the proposed formation of a University of London Union, and to report upon it. On the recommendation of this committee a representative was sent to an opening conference on June 7th. On his report and on the report of this committee the Council came to the conclusions I pointed out in my previous communication. I may add that this committee considered the question from every point of view, and that no special attention was given to the athletic side. (2) On April 11th, 1922 (before the proposed Union was considered at all), we decided not to subscribe to the University of London Athletic Union. It is not the intention of any official of our own Union to attempt to place obstacles in the way of those who are interested in the University Union. I note with satisfaction that Mr. Anderson is pleased to acknowledge this fact, and hasten to assure him that the work which he and others have done towards the formation of such a worthy institution is fully appreciated. At the same time, however, it is intended that members of our Union shall know the attitude of their own elected representatives towards the question. This attitude is that the University Union is entirely unnecessary for the Hospital student, from many points of view, and in consideration of this, official support must be declined.

I am, Sir, etc.,

W. HOLDSWORTH,  
Vice-President Students' Union,  
St. Bartholomew's Hospital.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—May I first thank you for your courtesy in permitting me to read Mr. W. Holdsworth's reply to my letter before the JOURNAL goes to press.

Now let me "quibble" about some of the "facts" brought forward.

In the first place the committee mentioned met last year (1923), and not this year! In the second place the University Union was formed in the spring of 1921 (and recognized by the Senate as such later on in the same year), so the terms of reference with their allusion to "the proposed formation of a University of London Union" must obviously bear some obscure meaning, or alternatively have been drawn up without any clear idea of the subject to be dealt with.

The representative mentioned, the late Mr. H. L. Sackett, a personal friend, told me that he would have joined the Union himself had he had his hospital career in front instead of behind him. It can hardly have been as a result of his advice that the then Students' Union Committee decided "that the University Union is entirely unnecessary for the hospital student" (I presume these words are an extract from the minutes of that meeting?). After all, "unnecessary" is a word capable of several shades of meaning, and in view of the kindly attitude of the Students' Union since that date, I interpret it in the sense of "not essential." In which case "unnecessary" is unnecessary, and controversy is unnecessary.

I am, Sir,

Yours very truly,

September 22nd, 1924. H. G. ANDERSON.  
[This correspondence is now closed.—ED.]

## LUNCHEON TO W. GAISFORD.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—On the occasion of the visit of the English Rugger side to this town, the old Bart.'s men here took the opportunity of lunching W. Gaisford, a member of the Rugger side.

Dr. G. E. Murray was in the chair, and in proposing the health of our *Alma Mater*, told us what football was like in his day, about 1882.

Dr. Napier proposed the health of our guest, and further enlightened us on the football played at Bart.'s in the 'eighties; apparently Guy's at that time was as much of a thorn in our side as they are to-day!

Mr. Gaisford briefly replied, and thanked those present for the hearty reception he had been accorded.

Besides Drs. Murray and Napier, there were present: Drs. A. B. Tucker, Sir Spenser Lister, W. A. Pocock, A. P. Woolwright, C. S. Scholtz, C. F. Beyers, L. I. Braun, J. Tremble, D. Crawford, F. McFadyen, and B. G. Melle.

Yours sincerely,  
B. G. MELLE.

CLONMEL CHAMBERS,  
ELOFF AND MARKET STREETS,  
JOHANNESBURG;  
August 13th, 1924.

## REVIEWS.

THE NATURE OF DISEASE, Part I. By J. E. R. McDONAGH, F.R.C.S. (London: William Heinemann, 1924.) Pp. 327. Price £3 3s.

This book can be recommended to all those interested in the subject of the mechanism of infection and immunity. Although the author's clinical and experimental observations relate chiefly to venereal diseases, the theories brought forward as a result of these observations apply to the whole range of diseases. It is perhaps especially to the inquiring mind of the research student that the book will appeal, for the contents consist of an abundance of matter over which he will ponder and criticize.

The work consists of 327 pages, divided into sixteen chapters. It is well printed on good paper, and is provided with numerous microphotographs and beautiful coloured plates.

There is a general discussion in the introduction, and then two chapters on the life-cycle of the micro-organisms of leishmaniasis and of syphilis. In the opinion of the author the *Spirochaeta pallida* is nothing more than the adult male phase of a coccidial protozoan, the spore resulting from the conjugation of the two sexual phases being the actual cause of syphilis. Chapter 3 is devoted to the *rationale* of staining, and then follow several chapters on the physico-chemical changes which the serum proteins of the host undergo in response to irritation; and here the subject of cancer naturally finds a place. Later the mechanism of blood coagulation, the Wassermann reaction, etc., are discussed, and there is a final page under the heading—"No Disease has a Specific Pathology."

Altogether the book makes very refreshing reading, although the critical mind will find plenty of scope for exercise. Not many men will agree with the views expressed by the author, but it will be, at least, granted that considerable thought must have been given to the subject, and we all know how much easier it is to criticize a theory than to propound it. Whether the experimental proofs brought forward are sufficient to justify the conclusions drawn from them is a question upon which individual readers will no doubt differ.

ON THE BREAST. By DUNCAN C. L. FITZWILLIAMS, C.M.G., M.D., F.R.C.S. (Heinemann.) Pp. 440. Price 30s.

So much has been written about the breast that when one finds another book of over 400 pages "On the Breast," one wonders if this is merely a repetition of what has been written so many times before or if there is really something new.

The book is actually a remarkable collection of facts about the breast. It makes weary reading, for there are too many cases quoted, and statistics bristle out thickly from nearly every page.

The most striking feature of the book is the illustrations; they are very numerous, and most of them very revolting. In the chapter on the rare condition of parenchymatous hypertrophy there are sixteen illustrations—a most unpleasant sight and surely a great waste of space.

The author describes and illustrates an excellent and simple method of strapping a breast; but why does he illustrate single and double spicas for the breast when he condemns them as of no value?

The huge subject of carcinoma of the breast is admirably treated, but one is sorry Mr. Fitzwilliams attacks Handley's theory of lymphatic permeation so relentlessly.

The author advocates the invisible scar by turning the breast upwards and approaching it from behind for operations on some innocent lesions of the breast; and we are glad to see the emphasis he lays on the evils of tapping cysts of the breast.

The book ends with an interesting chapter on the X-ray treatment of malignant disease of the breast by Dr. Harrison Orton.

THE THEORY AND PRACTICE OF THE STEINACH OPERATION. By Dr. PETER SCHMIDT (Berlin). (Heinemann.) Pp. 150. Price 7s. 6d.

It is stated that one of the chief objects of this book is "to demonstrate the completeness of rejuvenation in human beings apart from the *vita sexualis*," as a result of Steinach's operation of vaso-ligation.

Of the 84 cases reported on, an improvement more or less marked is claimed in just over one-half, while in one-third no change was noticed, and of the remainder no record was obtainable.

Some of the results described are obviously attributable to causes apart from vaso-ligation, while of the others some require to be seen to be believed.

We offer our sympathy to the "Doctor from abroad, 51, after one-sided vaso-ligation showed striking growth of nails and beard. Obliged to shave twice daily." We trust that his Leydig cells have now moderated their output.

The book is not convincing. Many of the successful cases were in patients who were admittedly neurotic or abnormal. We think if they had journeyed to Berlin and taken a course of Yadiil with the same amount of faith with which they underwent vaso-ligation, they would have been greatly benefited.

MODERN VIEWS ON THE TOXÆMIAS OF PREGNANCY. By O. L. V. WESSELOW, M.B. (Constable.) Price 7s. 6d.

This volume is one of the series of Modern Medical Monographs under the editorship of Dr. Hugh Maclean, intended primarily to give the general practitioner a *résumé* of the results of modern methods of medical investigation. The present volume deals with the toxæmiæ of pregnancy. The authors are to be complimented on their graceful literary style. This is very welcome, and goes far to make the summary of bio-chemical methods readable without undue fatigue. The moderation of the views expressed and the modesty of the authors when dealing with the aetiology of the toxæmiæ and other difficult problems are noticeable features. The book is well planned; a list of the special methods of examination available is given. Each test is considered with respect to its theoretical significance and its reliability, and the authors do not hesitate to criticize either. The result is that the reader becomes acquainted with the investigations, realizes when and for what purpose they should be employed, yet appreciates their immaturity and consequently their limitations.

If the authors had this object in view they have succeeded admirably. It is difficult to believe that the general practitioner is interested in these advanced methods of investigation, and for this reason the demand for the book will be limited to advanced students. From the point of view of practical utility the book has little to offer to the clinician. The differential diagnosis of the toxæmic and the neurotic types of vomiting is hardly dealt with. Similar remarks apply to the diagnosis of toxæmic albuminuria from chronic nephritis in pregnancy. The authors seem fully aware of this failing, but although from the point of view of the pure scientist this agnostic attitude is praiseworthy, the practitioner by the bedside gains little.

The term "nephritic toxæmia" seems misplaced. There is no evidence that in this group of cases a toxæmic element is at work.

The monograph contains a delightful series of essays on the problems of the toxæmiæ, but it must be concluded that although their academic value is considerable, their value to the general practitioner is small.

#### CHANGES OF ADDRESS.

- BATTERHAM, D. J., Capt. R.A.M.C., 36 C.C.S., British Army of Rhine, Cologne.  
 BRAIMBRIDGE, C. VINEY, Native Civil Hospital, Mombasa, Kenya Colony.  
 CHANDLER, F. G., 1, Park Square West, Portland Place, W. 1.  
 CROSS, W. FOSTER, Clay Point, Flushing, near Falmouth.  
 DINGLEY, A. R., 47, Queen Anne Street, W. 1. (Tel. Mayfair 4132.)  
 ECCLES, T. A., Brookside, Ashbourne, Derbyshire. (Tel. Ashbourne 51.)  
 GALSTAUN, G., Galstaun Park, Lower Circular Road, Calcutta, India.  
 HIGGS, S. L. 1a, Portland Place, W. 1. (Tel. Langham 2202.)  
 HILL, A. CROFT, 25, Emperor's Gate, S.W. 7. (Tel. Western 869.)

HOLTHUSEN, A. W., 5, Crowstone Road North, Westcliff-on-Sea, Essex.

HOMA, BERNARD, 20, Dalston Lane, E. 8. (Tel. Clissold 1057.)  
 MAINPRISE, C. W., Col. R.A.M.C., R.A.M. College, Grosvenor Road, Millbank.

MILES, W. E., 14, Park Crescent, W. 1.  
 SUNDERLAND, R. A. S., Kingswood, Hamstel Road, Southend-on-Sea.

WELLS, A. Q., Eyam, Derbyshire. (Tel. Grindleford 36.)

#### APPOINTMENTS

BLACKABY, E. J., M.R.C.S., L.R.C.P., appointed Resident Surgeon Officer, District Infirmary and Children's Hospital, Sunderland.

KITCAT, C. DE W., M.R.C.S., L.R.C.P., appointed House-Surgeon, Walthamstow General Hospital.

MAINPRISE, C. W., M.R.C.S., L.R.C.P., Col. R.A.M.C., appointed Commandant, R.A.M. College, Millbank.

WILLIAMS, R. LESTER, M.B., B.Ch.(Cantab.), F.R.C.S., appointed Resident Surgical Officer, Sheffield Royal Infirmary.

#### BIRTHS.

ALLEN.—On August 27th, at a nursing home, Highgate, to Constance, wife of Francis Allen, M.B.—a son.

BRACEWELL.—On August 16th, at Wrentham House, Wrentham, Lowestoft, to Marion, wife of Charles H. Bracewell, M.R.C.S., L.R.C.P.—a daughter.

CAPENER.—On August 23rd, to Marion (née Clarke) and Norman Capener, of 8, Marlborough Road, N.W., and St. Bartholomew's—a son.

CLARK.—On September 10th, to Freda Constance, wife of W. E. Le Gros Clark, F.R.C.S.—a daughter.

DANKS.—On September 1st, at York Lodge, Sutton, Surrey, to Dr. and Mrs. W. S. Danks—a daughter.

REICHWALD.—On September 1st, at Timber Hill, Ashtead, Surrey, to Katherine Civil, wife of Dr. M. B. Reichwald—a daughter.

STOCKER.—On September 2nd, at Glebe Croft, Bakeswell, the wife of Major C. J. Stocker, M.C., M.D., I.M.S.—a son.

WAY.—On August 21st, to Margaret Amy, wife of Lt.-Col. Leslie Way, D.S.O., of Roseleigh, Burgess Hill, Sussex—a daughter.

WOODMAN.—On August 21st, at 132, Hagley Road, Edgbaston, the wife of E. Musgrave Woodman, M.S., F.R.C.S.—a daughter.

#### MARRIAGES.

CORSI—DOYLE.—On September 4th, at St. Paul's, Knightsbridge, by the Rev. H. L. Haynes, Henry Corsi, F.R.C.S., eldest son of Signor and Signora Corsi, of Milan, to Margaret Gleaves Doyle, daughter of the late William Gleaves Doyle, F.R.G.S., and Mrs. Doyle, of Walcote, Leamington Spa. Canadian papers please copy.

HOLMES—HOPKINS.—On July 8th, in the Chapel of Emmanuel College, Cambridge, by the father of the bridegroom, assisted by the Rev. F. W. Head, M.C., Chaplain to H.M. the King, Eric Gordon, eldest son of the Rev. R. Holmes, Vicar of White Waltham, and Mrs. Holmes, to Barbara Elizabeth, eldest daughter of Professor F. Gowland Hopkins and Mrs. Gowland Hopkins, Saxonheadham, Cambridge.

#### DEATHS.

EVANS.—On August 31st, 1924, at 43, Rosslyn Hill, Hampstead, N.W. 3, suddenly, William Norman Evans, M.R.C.S., L.R.C.P.

PATERSON.—On September 2nd, 1924, very suddenly, at Buncrana, co. Donegal, Ireland, William Bromfield Paterson, F.R.C.S., of 7a, Manchester Square, W., only son of the late William Paterson, of Stockland, Devon, aged 63.

NEEDHAM.—On September 6th, 1924, at Bournemouth, Frederick Needham, M.D., Kt., dearly loved husband of Helen Needham, and late Commissioner of the Board of Control, aged 88.

#### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City 510.

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